AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

		TYPE:	[X]IXC	[X]CLEC	[] ILEC	[] Wireless	200	3-108		
			CERTIFICAT	TED COMPANY	NFORMATION					
Bu	IsEye Telecom, Inc									
	mpany Name					-				
					248-784					
)ba/fka				Telepho	ne #				
-	5900 Greenfield Roa	d, Suite 330								
	iling Address							1		
	k Park, MI 48237									
	y, State, Zip Code	L Cuita 220								
	900 Greenfield Road iness Location	i, Suite 330								
	ik Park, MI 48237									
	y, State, Zip Code				County					
	y, Glate, Zip Gode					171				
			REGISTE	RED AGENT IN	ORMATION					
					— — —					
Regi	stered Agent: CT(Corporation	System,							
Mai	ling Address: 75 B	eattie Place	, Two Insign	ia Financial Pla	za	·····				
City,	State, Zip Code:	Greenville	, SC 29601							
	Pursuant to the	Commission'	s rules and re	<u>gulations, print or</u>	type company cor	ntact for the follow	ing areas	<u>:</u>		
٨.	Tina Weiksnar									
١.	General Manager (In	clude address it	different than al	pove.)						
	248-784-2500		/ 248-78	84-2501		ullseyetelecom.co	<u>m</u>			
	Telephone Number		Facsimile	e Number	E-mail Address					
	LaToya Simpson									
	Customer Relations	/Complaints R			erent than above.)	vice@hullcovetele	com com	•		
	248-784-2500 Telephone Number		/ 248-7	84-2679 e Number	E-mail Address	vice@bullseyetele	COIII.COIII			
	•		Facsiniik	a Mullibei	E-mail Addices					
1.	LaToya Simpson Customer Relations/Complaints Representative for Escalated Complaints (Include address if different than above.)									
	Customer Relations 248-784-2500	Complaints R		or Escalated Compli 84-2679	ints (include addres) customerser /	s il dillerent than abov vice@bullseyetele	re.) rcom com	1		
	Telephone Number			e Number	E-mail Address	*100@bancoyonoio	00111.00111	·		
	•		. 600.1111							
C2.	877-438-2855 Customer Contact (Tall Eroa Numb	nor)							
	Customer Contact (TOU FIEE NUME	761 J							
D.	Thomas Tisko									
	Engineering Operat	ions (Include ad	dress if different	t than above.)						
	248-784-2500	•	/ 248-7	784-2501		seyetelecom.con	<u>1</u>			
	Telephone Number		Facsimile	e Number	E-mail Address					
<u>:</u> .										
	Test and Repair (Inc	clude address if	different than ab	ove.)						
	· '					· · · · · · · · · · · · · · · · · · ·				
	Telephone Number		Facsimile N	Number	E-mail Address					

F. Peter Russo

Emergencies (During non-office hours)
561-586-3380 / 561-586-2328 / peter.russo@ymaxcorp.com

Telephone Number Facsimile Number E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

Peter Russo.							
Regulatory Officer (Include	Address if different than above)						
888-404-9629	/ 561-586-2328 [′]	/ regulatory@ymaxcorp.com					
Telephone Number	Facsimile Number	E-mail Address					
Trish Kirby							
Dual Party Mailings (Name)							
P.O. Drawer 200, Winter Park, FL 32790-0200							
(Mailing Address)							
407-740-8575	/ 407-740-0613	/ tkirby@tminc.com					
Telephone Number	Facsimile Number	E-mail Address					
Trish Kirby							
Interim LEC Fund Mailings (Name)							
P.O. Drawer 200, Winter Park, FL 32790-0200							
(Mailing Address)							
407-740-8575	/ 407-740-0613	/ tkirby@tminc.com					
Telephone Number	Facsimile Number	E-mail Address					
Trish Kirby							
Universal Service Fund Mailings (Name)							
P.O. Drawer 200, Winter Park, FL 32790-0200							
(Mailing Address)							
407-740-8575	/ 407-740-0613	/ tkirby@tminc.com					
Telephone Number	Facsimile Number	E-mail Address					
Trish Kirby							
Gross Receipts Mailings (Name)							
P.O. Drawer 200, Winter Park, FL 32790-0200							
(Mailing Address)							
407-740-8575	/ 407-740-0613	/ tkirby@tminc.com					
Telephone Number	Facsimile Number	E-mail Address					
Trish Kirby							
Lifeline Mailings (Name)							
P.O. Drawer 200, Winter Park, FL 32790-0200							
(Mailing Address)							
407-740-8575	/ 407-740-0613	/ tkirby@tminc.com					
Telephone Number	Facsimile Number	E-mail Address					
	-						
		(W/ V)					
•	TECHNOLOGIES MANAGEMENT, IN	UN11019 U					

TECHNOLOGIES MANAGEMENT, INC
This form was completed by (print name) AS ATTORNEY- IN-FACT
BY CONNIE M. WIGHTMAN

Title

Signature

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC **Docketing Department**Post Office Drawer 11649
Columbia, South Carolina 29211

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201

(Rev. PSC 01/2010)